

3748  
\$



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) 449122060200	
In re Application of     Bernhard KLINGSEIS			
Application Number 10/629,902		Filed July 30, 2003	
For     METHOD FOR DETERMINING A BOOST PRESSURE SETPOINT IN AN INTERNAL COMBUSTION ENGINE WITH AN EXHAUST GAS TURBOCHARGER			
Art Unit     3748		Examiner     T. B. Trieu	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |           |
|--|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$ _____  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$ _____  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ 980.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$ _____  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$ _____  |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952.

~~I have enclosed a duplicate copy of this sheet.~~ Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

- I am the
- ☐ applicant/inventor.
  - ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
  - ☐ attorney or agent of record. Registration Number \_\_\_\_\_
  - ☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 43,148

November 24, 2004  
Date

(202) 887-1525  
Telephone Number

\_\_\_\_\_  
Signature  
Kevin R. Spivak  
\_\_\_\_\_  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

11/26/2004 LWONDIM1 00000127 031952 10629902

01 FC:1253 980.00 DA



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (10-04)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005				Complete if Known																																													
Effective 10/01/2004. Patent fees are subject to annual revision.				Application Number		10/629,902																																											
				Filing Date		July 30, 2003																																											
				First Named Inventor		Bernhard KLINGSEIS																																											
				Examiner Name		T. B. Trieu																																											
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TOTAL AMOUNT OF PAYMENT (\$)				980.00																																													
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP																																																	
The Director is authorized to: (check all that apply)																																																	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments																																																	
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																	
FEE CALCULATION																																																	
1. BASIC FILING FEE																																																	
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>2001</td><td>790</td><td>395</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>2002</td><td>350</td><td>175</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>2003</td><td>550</td><td>275</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>2004</td><td>790</td><td>395</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>2005</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	790	395	Utility filing fee		1002	2002	350	175	Design filing fee		1003	2003	550	275	Plant filing fee		1004	2004	790	395	Reissue filing fee		1005	2005	160	80	Provisional filing fee		SUBTOTAL (1)				(\$)	0.00				
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																	
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SUBMITTED BY				(Complete if applicable)																																													
Name (Print/Type) Kevin R. Spivak				Registration No. (Attorney/Agent) 46,148 Telephone (202) 887-1525																																													
Signature				Date November 24, 2004																																													